



**Cambridge Youth Programs**  
**Afterschool and Summer Program Application Packet**  
**Youth Information**

<hr/> Last Name	<hr/> First Name	<hr/> Date of Birth	<hr/> Age		
<hr/> Home Address		<hr/> City, State, Zip Code	<hr/> Home Telephone Number		
<hr/> Eye Color	<hr/> Hair Color	<hr/> Skin Color	<hr/> Height	<hr/> Weight	<hr/> Identifying Marks

Racial/Ethnic Background:  
☐ American Indian   ☐ Asian   ☐ Black   ☐ Hispanic/Latino   ☐ White   ☐ Other: \_\_\_\_\_

Gender:   ☐ Male   ☐ Female   Primary Language Spoken at Home: \_\_\_\_\_

**Please Check Each Session Desired**

Afterschool Session One: Tuesday, September 2, 2008 – Friday, January 16, 2009 \_\_\_\_\_  
Afterschool Session Two: Tuesday, January 20, 2009 – Thursday, June 18, 2009 \_\_\_\_\_  
Summer Program: Monday, June 30, 2009 — Friday, August 14, 2009 \_\_\_\_\_

**The registration fee for each afterschool session is \$50.00**

**Please make check or money order payable to "Cambridge Youth Programs"**

*(There is a separate fee and registration forms for school vacation week and summer programs)*

**Parent/Guardian Information**

<hr/> Mother/Guardian Name	<hr/> Father/Guardian Name
<hr/> Relation to Child	<hr/> Relation to Child
<hr/> Home Address	<hr/> Home Address
<hr/> Home Telephone Number	<hr/> Home Telephone Number
<hr/> Cell Phone Number	<hr/> Cell Phone Number
<hr/> E-Mail Address	<hr/> E-Mail Address
<hr/> Place of Employment	<hr/> Place of Employment
<hr/> Work Telephone #	<hr/> Work Telephone #

**School Information**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_  
I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian Initials:** \_\_\_\_\_

<hr/> Parent/Guardian Signature	<hr/> Date
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**For Office Use Only**

Original Date of Admission into Program: \_\_\_\_\_

### **Youth Center Information (Please check the Youth Center your child will attend)**

- ☐ Area IV Youth Center, 243 Harvard Street  
☐ Frisoli Youth Center, 61 Willow Street  
☐ Gately Youth Center, 70R Rindge Avenue (includes Middle School Partnership Program)  
☐ West Cambridge Youth Center, 110 Cushing Street

**Please specify when your child will attend the Youth Center. If your child does not show up on a day that he/she is scheduled, a staff person will call you. If you know in advance that your child will be absent, please notify the center as early as possible. (Please note, afterschool hours are 2:00 pm to 6:00 pm)**

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

### **Transportation Plan and Authorization**

My child will **arrive** at the program by:

- \_\_\_\_\_ Unsupervised Walk  
\_\_\_\_\_ Supervised Walk (who: \_\_\_\_\_)  
\_\_\_\_\_ School Bus Drop Off  
\_\_\_\_\_ Parent/Guardian Drop Off  
\_\_\_\_\_ Other (Describe: \_\_\_\_\_)

My child will **depart** at the program by:

- \_\_\_\_\_ Unsupervised Walk  
\_\_\_\_\_ Supervised Walk (who: \_\_\_\_\_)  
\_\_\_\_\_ Parent/Guardian Pick Up  
\_\_\_\_\_ Other (Describe: \_\_\_\_\_)

The following individuals may pick up my child from the program. If someone other than these people picks up my child, I will notify staff in writing in advance.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Media Release**

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

I hereby give my child permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to pre-adolescents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **First Aid and Emergency Medical Care Consent**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

### **Instructions to reach parent/guardian:**

1. \_\_\_\_\_  
Name

home phone: \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

2. \_\_\_\_\_  
Name

home phone: \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

### **Child's Pediatrician or Source of Health Care:**

\_\_\_\_\_  
Name and Address

phone: \_\_\_\_\_

**Child's Allergies:** \_\_\_\_\_

**Chronic Health Conditions:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

### **Emergency Contacts (in order to be contacted if guardians are unable to be reached):**

1. Name: \_\_\_\_\_ address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person? \_\_\_\_\_ yes \_\_\_\_\_ no

2. Name: \_\_\_\_\_ address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person? \_\_\_\_\_ yes \_\_\_\_\_ no

3. Name: \_\_\_\_\_ address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Off-Site Activities Permission Form**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

I, \_\_\_\_\_, give permission for my child to participate  
(Parent/Guardian's Name)

in all of the regularly scheduled on-going activities located at the following off-site facilities:

Area IV Youth Center, Frisoli Youth Center, Gately Youth Center, Moore Youth Center,

West Cambridge Youth Center, Boys & Girls Club, YMCA, Cambridge Community

Center, parks and playgrounds within a one mile radius of the "home" Youth Center

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The program will provide in writing a list of scheduled activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Family Information Questionnaire**

This form provides staff with a brief picture of your child and his/her family. The following information is strictly confidential and will only be used to help CYP staff understand and learn about your child. Any further information you feel might help the staff members make your child more comfortable at the program can be added on a separate sheet.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

1. Can your child speak and understand English? \_\_\_\_\_

2. How many children are in your family? \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Others in family who live in the same house:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. What do you hope your child gains from this program? \_\_\_\_\_

5. What would you like to gain as a parent? \_\_\_\_\_

6. Does your child have any special needs? (health, physical, emotional) Yes \_\_\_\_ No \_\_\_\_

If yes, what type? \_\_\_\_\_

7. Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member? \_\_\_\_\_

8. How does your child usually respond to a new experience? Shy? Assertive? Please describe: \_\_\_\_\_

9. What do you find most effective in calming your child when he/she is upset? \_\_\_\_\_

10. What activities does your child like **best**? Favorite toys/games/songs/activities? \_\_\_\_\_

11. What activities does your child seem to like **least**? \_\_\_\_\_

12. Are there any special dietary concerns and/or restrictions (e.g. foods not allowed, etc.)? \_\_\_\_\_

13. What additional aspects of your child's physical and/or emotional development would you like our staff to know about? \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**City of Cambridge Department of Human Service Programs**  
**Out of School Time (OST) Programs**

Dear Parent/Guardian,

The Department of Human Service Programs is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between the school day staff, Department of Human Services staff and others will help us to better serve your child.

To assist us, we are requesting your authorization to gather additional information regarding your child's specific needs. This information is essential for us to offer the best experience to your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child.

Attached are two separate release forms. The top form (#1) authorizes the DHSP staff to visit your child's school day classroom and to discuss his or her needs with Cambridge Public School personnel. We ask all parents/guardians to sign this release.

The second section (#2) is an authorization for DSHP staff to receive a copy of your child's Individual Education program. The information in the IEP will greatly enhance our ability to provide the appropriate supports your child may need. Please sign the second release only if your child has an IEP.

The Department of Human Services is committed to providing high quality Out of School Time programs for all children and youth. We welcome each child and value each child's strengths, needs, differences and similarities. We encourage all children and youth, regardless of ability, to participate in DHSP Out of School Time Programs.

Thank You.

**City of Cambridge Department of Human Service Programs**  
**Information Release Form**

Part 1

_____ Child's Name	_____ Name of Elementary School
	_____ Name of Afterschool Program
_____ Grade	_____ Name of Teacher(s)

I hereby authorize the Department of Human Services staff to visit my child's school day classroom and to discuss with representatives of the Cambridge Public School pertinent information regarding my child in the context of his/her participation in the afterschool program.

_____ Parent/Guardian Signature	_____ Date
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**IEP Release Form**

(Please sign this section if your child has an IEP)

Part 2

I hereby authorize the Cambridge Public Schools to release any student record (such as an IEP) to the DHSP Afterschool Program staff. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance.

_____ Parent/Guardian Signature	_____ Date
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